

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

EMERGENCY MEDICAL RESPONDER

TRAINING PROGRAM APPROVAL PACKET



Serving Inyo, Mono and San Bernardino Counties



ICEMA
Program Requirements for Emergency Medical Responder

California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 4, Sections 100028 requires the Emergency Medical Responder Approving Authority (ICEMA) review Emergency Medical Responder training programs to assure compliance with regulations prior to approving the eligible institution's training program. Only approved training programs may offer Emergency Medical Responder.

ELIGIBILITY for program approval shall be limited to:

1. Accredited universities and colleges including junior and community colleges, school districts, and private post secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
3. Licensed general acute care hospitals which meet the following criteria:
 - a. Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of *Division 5*; and
 - b. Provide continuing education to other health care professionals.
4. Agencies of government including public safety agencies.
5. Local EMS agencies.

PROCEDURE for Program Approval:

Eligible training programs must submit a written request for Emergency Medical Responder program approval to ICEMA. ICEMA shall review and approve the following prior to approving an Emergency Medical Responder (EMR) program:

1. A statement verifying usage of the United States Department of Transportation's (US DOT) National Highway Traffic Safety Administration (NHTSA) *National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines*, DOT HS 811 077B, January 2009, which includes learning objectives, skills protocols, and treatment guidelines. (Available at <http://www.ems.gov/pdf/811077b.pdf>.)
2. A statement verifying CPR training equivalent to the American Heart Association's Guidelines 2010 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level.
3. Samples of written and skills examinations used for periodic testing.
4. A final skills competency examination.
5. A final written examination.
6. The name and qualifications of the program director, program clinical coordinator, and principal instructor(s). (Complete the forms enclosed for each)
7. Provisions for a refresher and/or continuing education courses required for recertification.
 - a. A statement verifying usage of the US DOT *First Responder Refresher : National Standard Curriculum* (Available at <http://www.nhtsa.gov/people/injury/ems/refresh2.pdf>.) for refresher training and/or
 - b. A Statement verifying Continuing Education Courses conforming to US DOT NHTSA *National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines*, DOT HS 811 077B, January 2009)
8. The location at where the courses are to be offered and their proposed dates.
9. Table of contents listing the required information listed above 1-9, with corresponding page numbers.
10. ICEMA 'Application for Approval as an Emergency Medical Responder training program' (Form enclosed).
11. Application fee (See Fee Schedule, ICEMA Reference #5090).

EMR Training Program Notification

ICEMA shall notify the training program submitting its request for training program approval within seven (7) working days of receiving the request that:

1. The request has been received.
2. The request contains or does not contain the information requested in Section 100066 of this Chapter and,
3. What information, if any, is missing from the request
 - a. Program approval or disapproval shall be made in writing by ICEMA to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.
4. ICEMA shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
5. Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified in this section.
6. Approved EMR training programs shall also receive approval as a continuing education CE provider effective the same date as the EMR training program approval. The CE program expiration date shall be the same expiration date as the EMR training program. The CE provider shall comply with all of the requirements contained in ICEMA Reference #3020 - Continuing Education Provider Requirements.
7. ICEMA shall notify the Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval/ expiration date of program approval.

Teaching Staff

Provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.

Program Director

Each EMR Training program shall have a Program Director who shall be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

1. State Fire Marshal Instructor 1A and 1B,
2. National Fire Academy's Instructional Methodology,
3. Training programs that meet the US DOT NHTSA 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

Duties of the Program Director, in coordination with the program clinical coordinator, shall include but not be limited to:

1. Administering the training program.
2. Approving course content.
3. Approving all written examinations and the final skills examination.
4. Approving the principal instructor(s) and teaching assistants.
5. Signing all course completion records.
6. Assuring that all aspects of the Emergency Medical Responder training program are in compliance with *Title 22, Division 9, Chapter 1.5* and other related laws.

Program Clinical Coordinator

Program Clinical Coordinator shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years and be either a:

1. Physician
2. Registered nurse
3. Physician assistant, or
4. Paramedic currently licensed in California
5. EMT currently certified in California

Duties of the Program Clinical Coordinator shall include, but not be limited to:

1. Responsibility for the overall quality of medical content of the program;
2. Approval of the qualifications of the principal instructor(s) and teaching assistant(s).

Principal Instructor

Principal Instructor(s), who may also be the program clinical coordinator or program director, shall be qualified by education and experience in methods, materials, and evaluation of instruction. All principal instructors from approved Emergency Medical Responder Training Programs shall meet the minimum qualifications listed below, which shall be documented by at least forty hours in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

1. State Fire Marshal Instructor 1A and 1B,
2. National Fire Academy's Instructional Methodology,
3. Training programs that meet the US DOT NHTSA 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.

Principal Instructor(s) shall:

1. Be a physician, registered nurse, physician assistant, or paramedic currently licensed in California; or,
2. Be an A-EMT, EMT, or Emergency Medical Responder who is currently certified in California.
3. Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
4. Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.

Program Teaching Assistant

Program Teaching Assistant(s) shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned.

Components of an Approved Program

1. The Emergency Medical Responder Program.
2. Periodic and a final written and skill competency examination.
3. A challenge examination.
4. A refresher course required for recertification.

Required Course Hours

The Emergency Medical Responder course shall consist of not less than forty-eight hours including the required CPR training. The required Emergency Medical Responder Refresher course or Continuing Education shall consist of not less than 12 hours.

The minimum hours shall not include the examinations and/or testing for Emergency Medical Responder certification or refresher.

Required Course Content

The minimum Emergency Medical Responder course content shall consist of the US DOT NHTSA *National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines*, DOT HS 811 077B, January 2009 (Available at <http://www.ems.gov/pdf/811077b.pdf>.)

Required Testing

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge and skills. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by pre-established standards, developed and/or approved by ICEMA.

Course Completion Record

An approved Emergency Medical Responder training program provider shall issue a tamper resistant course completion record to each person who has successfully completed the Emergency Medical Responder course or refresher course.

The course completion record shall contain the following:

1. The name of the individual.
2. The date of course completion.
3. Type of Emergency Medical Responder course completed (i.e., Emergency Medical Responder or refresher,), and the number of hours completed.
4. The Emergency Medical Responder approving authority (**ICEMA**).
5. The signature of the program director.
6. The name and location of the training program issuing the record.
7. The following statement in bold print: **“This is not an Emergency Medical Responder certificate”**.

This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide.

The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to ICEMA within fifteen days (15) of course completion. (ICEMA APPROVED COURSE RECORD FORM at end of document).

EMR Training Program Review and Reporting

All program materials specified in this Chapter shall be subject to periodic review by ICEMA.

1. All programs shall be subject to periodic on-site evaluation by ICEMA.
2. Any person or agency conducting a training program shall notify ICEMA in writing, in advance when possible and in all cases within thirty (30) calendar days of any change in, program director, program clinical coordinator, and principal instructor, change of address, phone number, and contact person.

3. For the purposes of this Chapter, student records shall be kept for a period of not less than four (4) years.

Withdrawal of EMR Training Program Approval

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the EMR training program approving authority. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:

1. ICEMA shall notify the approved EMR training program course director in writing, by registered mail, of the provisions of this Chapter with which the EMR training program is not in compliance.
2. Within fifteen (15) working days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by registered mail, to the EMR training program approving authority one of the following:
 - a. Evidence of compliance with the provisions of this Chapter, or
 - b. A plan for meeting compliance with the provisions of this Chapter within sixty (60) calendar days from the day of receipt of the notification of noncompliance.
3. Within fifteen (15) working days of receipt of the response from the approved EMR training program, or within thirty (30) calendar days from the mailing date of the noncompliance notification if no response is received from the approved EMR training program, the EMR training program approving authority shall notify the Authority and the approved EMR training program in writing, by registered mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the EMR training program approval.
4. If the EMR training program approving authority decides to suspend, revoke, or place an EMR training program on probation the notification specified in this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) calendar days from the date of the EMR training program approving authority's letter of decision to the Authority and the EMR training program.

ICEMA

CHECK LIST FOR EMR TRAINING PROGRAM APPLICATION

	MATERIALS TO BE SUBMITTED	PAGE #	ICEMA USE
1.	Completed Check List for EMR Program Approval		
2.	Application Form for EMR Training Program Approval		
	Approved Training Programs		
3.	Statement of eligibility for program approval (See Eligibility)		
	PROCEDURE for Program Approval		
4.	Letter to ICEMA requesting program approval		
5.	Statement verifying usage of the United States Department of Transportation's (USDOT) National Highway Traffic Safety Administration (NHTSA) <i>National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines</i> , DOT HS 811 077B, January 2009		
6.	Statement verifying CPR training equivalent to the 2010 AHA Guidelines at the Healthcare Provider level.		
7.	Samples of written and skills examinations used for periodic testing		
8.	Final skills competency examination		
9.	Final written examination		
10.	Name and qualifications of the program director, program clinical coordinator, and principal instructor(s)		
11.	Provisions for course completion by challenge, including a challenge examination (if different from final examination)		
12.	A statement verifying usage of the US DOT NHTSA <i>First Responder Refresher: National Standard Curriculum</i> (Available at http://www.nhtsa.gov/people/injury/ems/refresh2.pdf) for refresher training and/or A Statement verifying Continuing Education Courses conforming to US DOT NHTSA <i>National Emergency Medical Services Education Standards: Emergency Medical Responder Instructional Guidelines</i> , DOT HS 811 077B, January 2009)		
13.	Location where courses are to be offered and the proposed dates		
14.	Table of Contents and check list listing required information with corresponding page numbers		
15.	Application Fee		
	Teaching Staff		
16.	Program Director Information Form		
17.	Program Clinical Coordinator Information Form		
18.	Program Principal Instructor Information Form		
19.	Program Teaching Assistant Information Form		

FORMS

COMPLETE AND RETURN WITH ICEMA APPLICATION & FEE

1. Application and fees
2. Teaching Staff Information (one for each):
 - Program Director
 - Program Clinical Coordinator
 - Principal Instructor
 - Teaching Assistant Information Form (one for each T.A.)

USED AS PART OF THE COURSE AND RETAINED BY THE TRAINING INSTITUTION

- Certification Exam, i.e. passing grade
- Attendance requirements, etc
- Certification Exam Eligibility

SUBMIT TO ICEMA AFTER COMPLETION OF EACH COURSE

- ICEMA approved Course Record, must be submitted within fifteen (15) days of the course completion, typed or printed, and alphabetized.



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

**1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825**

EMR TRAINING PROGRAM

APPLICATION FOR PROGRAM APPROVAL

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PROGRAM DIRECTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

CLINICAL COORDINATOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

PRINCIPAL INSTRUCTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach resumes of Program Director, Program Clinical Coordinator and Principal Instructors that demonstrates the individual's experience and qualifications in prehospital care/education. Include copies of all current licenses/certifications/accreditations. Submit the \$650 application fee. Fees are non-refundable and non-transferable.

I certify that I have read and understand the local policy for EMR-Training Program Approval and Title 22, Division 9, Chapter 1.5 of the California Code of Regulations, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

Signed, Program Director

Date

(ICEMA Use Only)

Application Rec'd Date	Approval Date	Expiration Date	Receipt # Date Paid



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EMR TRAINING PROGRAM

PROGRAM DIRECTOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PROGRAM DIRECTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)

Approved by: _____ Date: _____



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EMR TRAINING PROGRAM

CLINICAL COORDINATOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

CLINICAL COORDINATOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)

Approved by: _____ Date: _____



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EMR TRAINING PROGRAM

PRINCIPAL INSTRUCTOR INFORMATION

COMPLETE ONE FORM FOR EACH INSTRUCTOR

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

PRINCIPAL INSTRUCTOR: _____

PHONE: _____

EMAIL: _____

FAX: _____

Attach Current Resume (Curriculum Vitae)

Eligibility Status (currently Certified/Licensed in the State of California, attach photocopy of all cards.)

	<u>License/Cert No.</u>	<u>Expiration Date</u>
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Physician Assistant	_____	_____
<input type="checkbox"/> MICN	_____	_____
<input type="checkbox"/> RN	_____	_____
<input type="checkbox"/> EMT-Paramedic	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Other:	_____	_____

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)



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EMR TRAINING PROGRAM

TEACHING ASSISTANT INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

TEACHING ASSISTANT: _____

PHONE: _____

EMAIL: _____

FAX: _____

WORK EXPERIENCE RECORD MUST BE ATTACHED (Resume, Curriculum Vitae)

****List below those topics to which this Teaching Assistant is assigned and his/her qualifications and experience relative to same:**

<u>Topic</u>	<u>Qualifications/Experience</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: _____

Name (Program Director)

Signature

-----**FOR ICEMA USE ONLY**-----

Approved: ☐ Yes ☐ No (If no, explain on a separate sheet and attach it.)

Approved by: _____ Date: _____



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EMR TRAINING PROGRAM

NOTIFICATION OF PROPOSED COURSE

PROVIDER NAME: _____

Address: _____

Location of Instruction: _____

County: _____

Address (if different): _____

INSTRUCTOR: _____ **Phone:** _____

Email: _____

COURSES SCHEDULED:

☐ EMR Basic Fee \$ _____

☐ EMR Refresher Fee \$ _____

Course Starting Date

Course Completion Date

Date of Written Certifying Exam

Date of Skills Certifying Exam:

Submitted by: _____
Name (Program Director)

Signature Date

***This notification should be submitted to ICEMA not less than thirty (30) days before the start of the course. The Program Director, Clinical Coordinator, Principal Instructor and Teaching Assistant Information Forms must either be on file at ICEMA or attached to this form prior to the start of the course. All instructors must be approved by ICEMA prior to the start of any course*